## FOR INSTRUCTIONS, SEE BACK OF FORM

# **DISCLOSURE SUMMARY PAGE**

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Secretary Control

Parties must be filed electronically.

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2011 JAN 12 PM 1: 04

COMMITTEE NAME (Must be same as on Statement of Org			Linn
LU BARRON FOR SUPERVISOR RE-ELECTION CO	•	1 -	FORM
EO BARRON FOR SUPERVISOR RE-ELECTION CO	MMITTEE		DD 0
IMPORTANT: Indicate by # type of committee you are reporting for:  (1) Statewide/Legislative/Judge Standing for Retention Candidate (	(F	DIX-Z DISCLOSURE Rev. 12/2009) REPORT	
1 (4) County Central Committee (5) County Candidate (6) City Cand	lidate (7) School Board or Other Political		
Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	Board or Other Political Subdivision PAC	` ! !	orr Office Use Only
CANDIDATE COMMITTEES ONLY:			ogged in Silv
Candidate Name	Political Party (if applicable)		canned S
LU BARRON	DEMOCRAT		omputer
Office Sought COUNTY SUPERVISOR	District (if Senate or House)	Aı	udited
Late reports are subject to possible civil and criminal penalties. Pucandidate's committee, and the chairperson, for any other type of	rsuant to lowa Code sections 68B.32A committee, is the individual responsible	(7) and 68/ for filing ti	A.401(3), the candidate, for a mely and accurate reports.
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for fartra	319-366-764		\ [ 10 ] [ 17
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED
I AM FILING A JANUARY 19, 2011	REPORT FOR (1) ELECTION	/(2)NON-	ELECTION YEAR.
(report date)	Indicate by		
CHECK IF AMENDMENT TO REPORT DATED		Local Com	million and a Date of Florida
	<u> </u>	LOCAI COM	mittees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice	of Dissolution Form DR-3.	County & L	ocal Committees, enter County in
which			tion is held
		LINN	
STATEMENT OF CASH ON HAN	D		
CASH ON HAND at the beginning of the reporting period. (To	otal of all funds held by the		
committee. This amount MUST be the same as the of the last reporting period or must be zero if this is t	cash on hand at the end		18,607.88
	rst report nied.)	\$	
ADD TOTAL MONEY TAKEN IN THIS PERIOD			400.00
Schedule A: Cash Contributions total (Attach Sched	* *		***************************************
Schedule F: Loans Received total (Attach Schedule	•		0.00
Schedule H: Total Sales of Campaign Property (Att	•		0.00
(Schedule H applies to Candidates' Com			19.007.88
	SUB-TOTAL	\$	19,007.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOR	•		2.002.46
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)			2,082.46
Schedule F: Loan Repayments total (Attach Schedule F)			0.00
CASH ON HAND at the end of this reporting period (if final re		\$	16,925.42
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)			
**OUTSTANDING LOANS (From Schedule F - Attach Sched	ule F)	\$	0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)		******	_YES _√_NO
CANDIDATE COMMITTEES ONLY:			

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

#### For instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	٦
LU BARRON FOR SUPERVISOR RE-ELECTION COMMITTEE	-

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/15/2010	ID# <sub>9749</sub> CK# <sub>3196</sub>	LINN AREA BIZ PAC 424 1ST AVE NE CEDAR RAPIDS IA 52401-1196		\$250.00	
10/22/2010	ID# CK#	KELLY R BAIER 3110 NORMAN DRIVE CEDAR RAPIDS IA 52411-9513	·	50.00	
11/01/2010	ID#	STEVEN J. OVEL 138 GUILDFORD SE CEDAR RAPIDS IA 52403		50.00	
11/01/2010	ID# CK#	BRENDA S EHRET 2080 LINN BOULEVARD SE CEDAR RAPIDS IA 52403		50.00	
	ID#				
٠.	CK#				L
<del> </del>	ID#			· · · · · · · · · · · · · · · · · · ·	<del> </del>
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	ID#		···	•••	<del></del>
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*****	ID#				<b></b>
	CK#				
	ID#	<del> </del>			<del> </del>
	CK#		}		
	ID#			· · · · · · · · · · · · · · · · · · ·	
	CK#				
	<u> </u>		SUB-TOTAL	\$ 400.00	
:		TOTAL (if last page o	f this schedule)	\$ 400.00	1

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

#### FOR INSTRUCTIONS, SEE BACK OF FORM

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### **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

LU BARRON FOR SUPERVISOR RE-ELECTION COMMITTEE

<u> </u>	<del></del>			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/15/2010	ID# CK#	MAILING SERVICES INC 950 CAPITAL DRIVE SW CEDAR RAPIDS IA 52404	DATA PROCESSING AND MAILING SERVICES	\$ 367.02
1/15/2010	ID# CK#	US POSTMASTER CEDAR RAPIDS IA 52401	POSTAGE	1515.44
11/15/2010	ID# CK#	CASEY'S GENERAL STORES 1201 1ST AVE SE CEDAR RAPIDS IA 52402	GAS CARDS FOR VOLUNTEERS	200.00
. <u>.</u> .:.	ID# CK#			
**************************************	ID# CK#			• •
	ID# CK#			
	ID# CK#			
	ID# CK#		. •	
	<b>I</b>	*****	SUB-TOTAL  TOTAL (if last page of this schedule)	\$ 2082.46 \$ 2082.46

THIS BOX	APPLIES	TO CANDI	DATES' COMMITTEES	ONLY

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page 1	1 مہ
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